

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107088231 FILING DATE 01 APR 2002
APPLICANT(S) *Sayffer*

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP. IND. DEP. IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/				51
2			/				52
3			/				53
4			/				54
5			/				55
6			/				56
7			/				57
8			/				58
9			/				59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.			/				TOTAL IND.
TOTAL DEP.			8				TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS